

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Timothy King #390-617
So Ohio Corr. Instit.
POB 45699
Lucasville OH.
45699

2. Article Number

(Transfer from service label)

7001 2510 0008 6348 8650

PS Form 3811, August 2001

Domestic Return Receipt

102595-020-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

C. Date of Delivery

B. Received by (Printed Name)

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

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